

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 9/834307	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
7/1/05								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		7/1/05		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							1	
2							1	
3							1	
4							1	
5							1	
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44	1						1	
45	1						1	
46	1						1	
47	1						1	
48	1						1	
49	1						1	
50	1						1	
TOTAL IND.							6	
TOTAL DEP.							43	
TOTAL CLAIMS							49	